TRANSITIONAL CARE UNIT 430 EAST DIVISION STREET

FOND DU LAC 54935 Phone: (920) 926-4700 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 18 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 18 Yes Number of Residents on 12/31/02: 13 Average Daily Census: 12

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups 	% 		100.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	0.0
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)		65 - 74   75 - 84	0.0 46.2	•	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94		********	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic   Cancer	0.0 23.1	95 & Over 	15.4	•	
Home Delivered Meals	No	Fractures		į	100.0	(12/31/02)	
Other Meals Transportation	No No	Cardiovascular   Cerebrovascular		65 & Over 		   RNs	49.8
Referral Service	No	Diabetes		Sex	용	LPNs	17.3
Other Services Provide Day Programming for	No	Respiratory   Other Medical Conditions		   Male	15.4	Nursing Assistants,   Aides, & Orderlies	37.3
Mentally Ill	No			Female	84.6	,	
Provide Day Programming for Developmentally Disabled	No	 	100.0	 	100.0	 	

## Method of Reimbursement

		edicare			dicaid			Other		P	rivate Pay	:		amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	o <sub>l</sub> o	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	12	100.0	294	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	607	13	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		0	0.0		0	0.0		0	0.0		0	0.0		1	100.0		13	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	용	As	sistance of	4	Number of
Private Home/No Home Health	0.6	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	2.6	Bathing	15.4		84.6	0.0	13
Other Nursing Homes	0.0	Dressing	15.4		84.6	0.0	13
Acute Care Hospitals	96.8	Transferring	15.4		84.6	0.0	13
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.4		84.6	0.0	13
Rehabilitation Hospitals	0.0	Eating	84.6		15.4	0.0	13
Other Locations	0.0	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	********	******
Total Number of Admissions	340	Continence		%	Special Treat	ments	%
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	7.7	Receiving B	Respiratory Care	0.0
Private Home/No Home Health	57.5	Occ/Freq. Incontinen	t of Bladder	23.1	Receiving '	Tracheostomy Care	0.0
Private Home/With Home Health	15.4	Occ/Freq. Incontinen	t of Bowel	0.0	Receiving S	Suctioning -	0.0
Other Nursing Homes	11.1				Receiving (	Ostomy Care	0.0
Acute Care Hospitals	4.2	Mobility			Receiving 5	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving N	Mechanically Altered Diets	7.7
Rehabilitation Hospitals	2.1				-	-	
Other Locations	9.6	Skin Care			Other Resider	nt Characteristics	
Deaths	0.0	With Pressure Sores		7.7	Have Advanc	ce Directives	84.6
		rational Development		7.7	Medications		
Total Number of Discharges		With Rashes		/ • /	Medications		

	This	Other	Hospital-	Ì	All	
	Facility	Based I	Facilities	Fac	ilties	
	%	%	Ratio	용	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	66.7	87.4	0.76	85.1	0.78	
Current Residents from In-County	76.9	84.3	0.91	76.6	1.00	
Admissions from In-County, Still Residing	2.9	15.2	0.19	20.3	0.14	
Admissions/Average Daily Census	2833.3	213.3	13.28	133.4	21.25	
Discharges/Average Daily Census	2766.7	214.2	12.91	135.3	20.45	
Discharges To Private Residence/Average Daily Census	2016.7	112.9	17.86	56.6	35.66	
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16	
Residents Aged 65 and Older	100.0	91.8	1.09	87.7	1.14	
Title 19 (Medicaid) Funded Residents	0.0	65.1	0.00	67.5	0.00	
Private Pay Funded Residents	0.0	22.6	0.00	21.0	0.00	
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00	
Mentally Ill Residents	0.0	31.3	0.00	33.3	0.00	
General Medical Service Residents	38.5	21.8	1.77	20.5	1.88	
<pre>Impaired ADL (Mean) *</pre>	38.5	48.9	0.79	49.3	0.78	
Psychological Problems	30.8	51.6	0.60	54.0	0.57	
Nursing Care Required (Mean) *	2.9	7.4	0.39	7.2	0.40	